# ·L11000008705

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B. KOHR

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**EXAMINER** 

DIVISION OF CORPORATIONS

11 FEB -7 PM 12: 27

## COVER LETTER

TO: Registration Division o	on Section  f Corporations	
SUBJECT:	SOCARRAS CONCRETE I	DESIGNS LLC
	Name of Limited Liability Co	mpany
Dear Sir or Madam	;	
The enclosed Articl	les of Correction and fee(s) are submitted for filing	
Please return all con	rrespondence concerning this matter to the following	g:
DIOSE	DELTO NAPOLES SOCARRAS	
	Name of Person	_
<u> </u>	Firm/Company	_
20	715 NW 41st AVENUE RD	
	Address	_
M	IAMI GARDENS FL 33055	_
	City/State and Zip Code	
E-mail addres	OSDELTON@YAHOO.COM s: (to be used for future annual report notification)	_
For further information	tion concerning this matter, please call:	
	NAPOLES SOCARRAS at ( 305 Area Co	_) 834-3981 de & Daytime Telephone Number
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	k for the following amount:	
\$25 Filing Fee	\$30 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/05)		

#### ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

<u>FIRST</u>	The name of the limited liability company is: SOCARRAS CONCRETE DESIGNS LLC		
<u>SECO</u>	ND: The articles of organization or the application to transact business		
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
<b>√</b>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  NAME CORRECTION FOR REGISTERED AGENT AND MANAGER MEMBER		
	AS FOLLOWS:		
	LAST NAME: NAPOLES SOCARRAS FIRST NAME: DIOSDELTO		
	CORRECTION WOULD SHOW: NAPOLES SOCARRAS, DIOSDELTO		
	OR		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
Dated:	February 4th 2011		
	Signature of a member or authorized representative of a member		
	DIOSDELTO NAPOLES SOCARRAS		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

### Electronic Articles of Organization For Florida Limited Liability Company

L11000008705 FILED 8:00 AM January 21, 2011 Sec. Of State btadlock

#### **Article I**

The name of the Limited Liability Company is: SOCARRAS CONCRETE DESIGNS LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. US 33055

The mailing address of the Limited Liability Company is:

20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. US 33055

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### **Article IV**

The name and Florida street address of the registered agent is:

DIOSDELTO N SOCARRAS 20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. 33055

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DIOSDELTO N SOCARRAS

#### Article V

The name and address of managing members/managers are:

Title: MGRM DIOSDELTO N SOCARRAS 20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. 33055 US L11000008705 FILED 8:00 AM January 21, 2011 Sec. Of State btadlock

Signature of member or an authorized representative of a member

Electronic Signature: DIOSDELTO N SOCARRAS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.